

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

PLAINTIFF	ERIC HINES	CAMDEN, NJ	COURT CASE NUMBER	17-2864(N4H)-JS
DEFENDANT	GARY M. LANIGAN ET AL.	2020 JUL 29 AM 7:53	TYPE OF PROCESS	SUMMONS + COMPLAINT
SERVE	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN			
➔	DR. SCOTT MILLER			
AT	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)			
	3635 QUAKER BRIDGE RD, SUITE 3 HAMILTON, NJ 08016			
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:			Number of process to be served with this Form - 285	1
ERIC HINES #663508/146993B SOUTH WOODS STATE PRISON 215 SOUTH BURLINGTON ROAD BRIDGETON, N.J. 08302			Number of parties to be served in this case	38
			Check for service on U.S.A.	✓

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold
OFFICE NAME IS CHAMPION ORTHOPEDICS

Signature of Attorney or other Originator requesting service on behalf of:

☒ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

N/A

DATE

7/31/20

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process 16/66	District of Origin No. 080	District to Serve No. 080	Signature of Authorized USMS Deputy or Clerk 	Date 8/14/20
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I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

~~Tara Horner Med Asst~~ NS.☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Address (complete only if different than shown above)

Dr. Scott Miller
11 Joanne St.
Princeton Junction, NJ.Date of Service
12/04/20
Time
09:40 am

Signature of U.S. Marshal or Deputy

Service Fee 280	Total Mileage Charges (including endeavors) 22.23	Forwarding Fee	Total Charges 282.23	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS:

12/02/20: Office closed
 12/03/20: Office mgr./Med. Asst Tara Horner advised that Dr. Miller's office is at 11 Joanne St, Princeton Junction 609-659-4257.
 (-3 visits; 2 locations) - 2nd office needed for 11 Joanne St. (654)

PRIOR EDITIONS
MAY BE USED

1. CLERK OF THE COURT

FORM USM-285 (Rev. 12/15/80)
(Instructions Rev. 12/08)